

Amount 🐃 🔛	16.40	17.80	30.00	Fund Total: 64:20	49.00	49.00	Fund Total: 98:00	727.50	Fund Total: 727:50	600.00	600.00	00.009	000:00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00
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Invoice No.	68132	68132	67946		68118	68119		61736		68120	68126	68125	68124	68123	68122	68133	68134	68135	68137	68121	68127	68128
Customer Name	RICHARD BROWN	RICHARD BROWN	ONE ENVIRONMENTAL GROUP		OLEKSANDR MULYAR	ANTHONY MENSAH		A N B D INC. D/B/A MARKET PLACE CITGO		S B COX READY MIX, INC.	ENTERPRISE RENT-A- CAR #1686	ENTERPRISE RENT-A- CAR- #164P	ENTERPRISE RENT-A- CAR #164A	ENTERPRISE RENT-A- CAR #1648	ENTERPRISE RENT-A- CAR #1624	ENTERPRISE RENT-A- CAR 163R	ENTERPRISE RENT-A- CAR 161N	ENTERPRISE RENT-A- CAR 1626	ENTERPRISE RENT-A- CAR 1668	BOXLEY CONCRETE, MARTINSVILLE READY MIX FACILITY	BOXLEY CONCRETE, ROANOKE READY MIX FACILITY	BOXLEY CONCRETE, ROANOKE READY MIX FACILITY
Tax Ref	36485	36485	32134		31268	33636		<u> </u>		25488	36476	36477	36478	36479	36480	36481	36482	36483	36484	9108	9109	9109
	COPIES/PO/FOIA-INV	COPIES/PO/FOIA-INV	COPIES/PO/FOIA-INV		Invoice	Invoice		CIVIL CHGS-AIR-INV		WITH NVRO VPDES GEN	WIR NVRO VPDES GEN	WEIR NVRO VPDES GEN	WAR NVRO VPDES GEN	WTR NVRO VPDES GEN	WTR NVRO VPDES GEN	WTR NVRO VPDES GEN	WTR NVRO VPDES GEN	WTR NVRO VPDES GEN	WTR NVRO VPDES GEN	WTRSCROVPDESGP	WTRWCROVPDESGP	WTRSWROVPDESGP
	08-May-2013									CAVIHONING INTO	ATHERN	1 3 2013	REGIDINAL OFFICE	WOODOOINGE, TR	DONOC							
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REGISTRATION STATEMENT FOR THE GENERAL VIRGINIA POLLUTANT DISCHARGE 'ELIMINATION SYSTEM (VPDES) PERMIT FOR VEHICLE WASH FACILITIES AND LAUNDRY FACILITIES 2013

1.

2.

AP	PLICANT INFORMATION											
A.	Name of Facility: Enterprise Rent-A-Car (1686) VAG 750226											
B.	Facility Owner: Pan Am Shopping Center											
C.	Owner's Mailing Address											
	a. Street: 1626 E Jefferson Street.											
	b. City: Rockville c. State MD d. Zip Code 20852											
	e. Phone Number: 301-998-8245											
	f. Email mark.george@erac.com											
	g. Indicate if the applicant would like the permit to be transmitted electronically. Yes _x_ No											
D.	Facility Street Address 3055 Nutley Street, Fairfax, VA 22031-1931											
E.												
F.												
G.	Operator's Mailing Address											
	a. Street: 23330 Autopilot Drive											
	b. City: Sterling c. State: VA d. Zip Code: 20166											
	e. Phone Number 703-544-5500 703-929-4202 (c)											
	f. Email mark.george@erac.com											
FA	CILITY INFORMATION											
	Will the facility discharge to surface waters? Yes _X_ No											
	If yes, name of receiving stream Storm Drain											
	If no, describe the discharge:											
B.	Does the facility discharge to a Municipal Separate Storm Sewer System (MS4)? If "yes," the facility owner must notify the owner of the municipal separate storm sewer system of the existence of the discharge within 30 days of coverage under the general permit and provide the following information: the name of the facility, a contact person and phone number, the location of the discharge, the nature of the discharge, and the facility's VPDES general permit number.											
C.	Does this facility currently have a VPDES permit? Yes NoX											
	If yes, give permit number.											
D.	Does your locality require connection to central wastewater treatment facilities? Yes No _x											
E.	Are central wastewater treatment facilities available to serve the site? Yes No _x_											
	If "yes," the option of discharging to the central wastewater facility must be evaluated and the result of that evaluation reported here (use additional sheets if necessary):											

3.	MAP							
	Attach a USGS 7.5 minute topographic or equivalent computer generated map extending to at least one mile beyond property boundary. The map must show the location of the facility, and the location of each of its existing and/or proposed intake and discharge points. Include all springs, rivers and other surface water bodies, including the receiving water body.							
4.	NATURE OF BUSINESS: (provide a brief description of the type of washing activity (vehicles, laundry or both). Include (as applicable) the type of vehicles washed, number of vehicle washing bays and the number of laundry machines)							
	Bucket wash for cars in the Pan-Am area. Midsize to Full-size vehicles							
5.	FLOW RATE Provide the highest average monthly flow rate measured or estimated to be discharged. For existing facilities calculate this by adding the flows for each day during the month that the washing facility had a discharge divided by the number of days that the facility discharged. For new facilities estimate the flow rate based on similar facilities. Less than 1000 Gallons per day							
6.	FACILITY DRAWING AND TREATMENT SYSTEM							
	Attach a line drawing of the facility showing the source of the water and its flow through the facility. Show all bays for vehicle washes. Provide dimensions or capacities for each unit in the treatment system. This can be hand drawn but must be legible.							
	Describe the method and frequency of solid wastes disposal							
	Any Solid waste we create is removed by the Owner on a daily contracted rate.							
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7.	CHEMICALS Provide the name of the chemical(s) used at the facility (including detergents, soaps, waxes and other							

REGISTRATION STATEMENT FOR THE GENERAL VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES) PERMIT FOR VEHICLE WASH FACILITIES AND LAUNDRY FACILITIES 2013 (Continued)

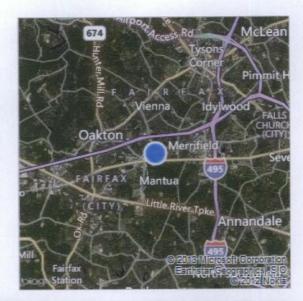
8.	PHOSPHATE DETERGENT USE
	Will detergent used for washing vehicles contain more than 0.5% phosphorus by weight? Yes Nox
	If yes, approximately how many gallons are used per month of this detergent?
9.	CERTIFICATION (see Part II K of your permit to see who can sign the certification)
	"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."
	Signature: Date: 5/1/15
	Name of person signing above: Mark George (printed or typed)
	Title: Operations Manager
	 Map (#3 of Registration Statement) Facility Drawing (#8 of Registration Statement)
<u>F</u> oi	Department use only:
	Department use only: epted/Not Accepted by: Date:

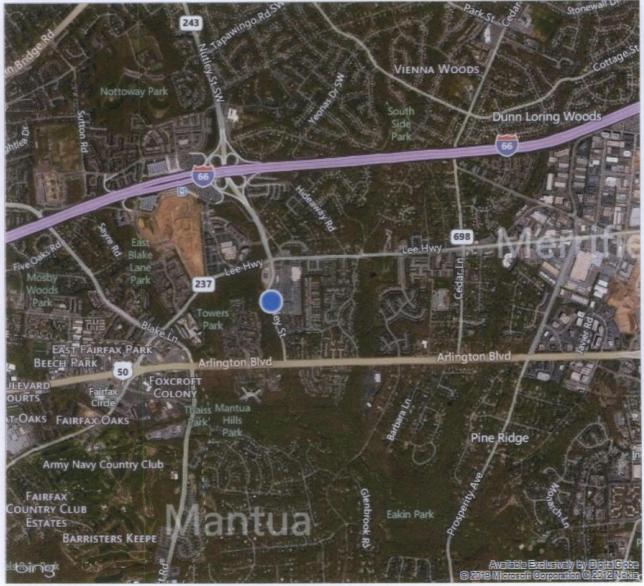
bing Maps

3055 Nutley St, Fairfax, VA 22031

My Notes

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Bird's eye view maps can't be printed, so another map view has been substituted.

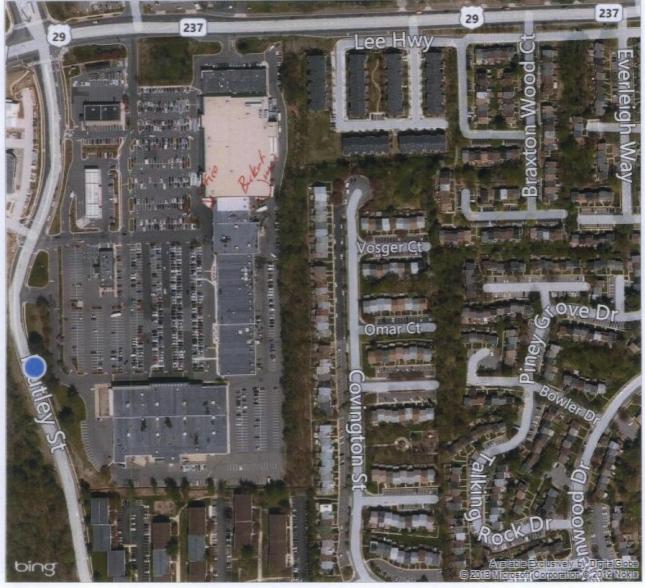
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